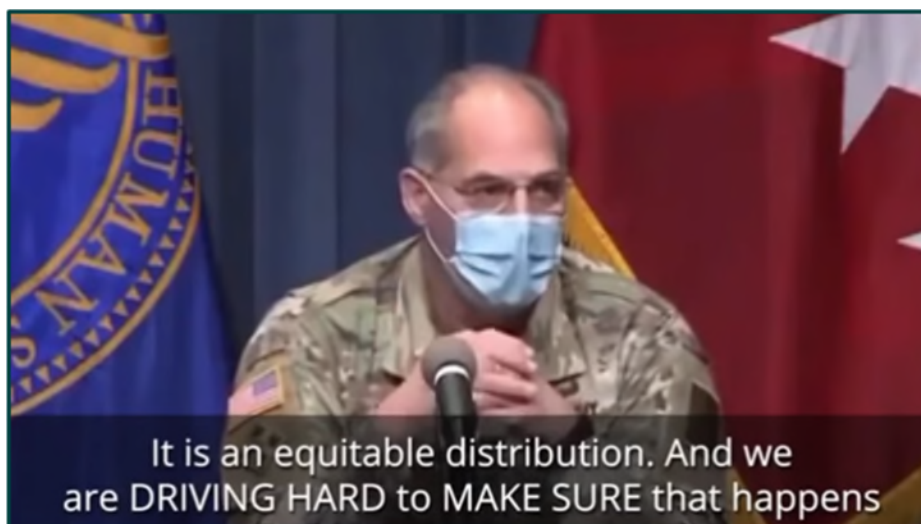


# *Green Zone Internment Camps* are Being Created All Across the United States

by Jeremy James



The factual background to much of what we will discuss in this paper has already been set out in several of our recent papers, notably #252. Our goal here is to show the strategic purpose and psychology behind the planned Green Zone internment camps that are being established all across the United States.

If we had broached the issues addressed in this paper even 12 months ago, virtually all Americans would have dismissed them as outlandish. Even now a great many, who are already conversant with the stated aims of the coming New World Order and its radical agenda, are struggling with the idea that something so extreme could possibly befall their great nation.

## **Essential background reading**

According to the CDC document of 26 July 2020 – which we reproduce in full in **Appendix A** – an unspecified number of Americans will be classified as “high-risk” for Covid-19 in 2021 and sent, willing or unwilling, to internment camps until such time as the government decides that they are no longer “high-risk”.

We set out in **Appendix B** an excerpt from our paper #252 in which we highlight the provisions of greatest concern in the CDC document. (If you have not already seen our earlier paper, please read **Appendix B** before proceeding.)

In most of our previous papers, where we warned about events to come, we generally envisaged a reasonable interval between the “warning” and the “event”. We can’t tell the future, but we can make sensible estimates based on the facts before us. Alas, in this instance, we see little prospect of a meaningful interval between our warning and the imminent activation of the ‘Green Zones’. They could be up and running in every state in just a few weeks.

### **They plan to silence dissent**

The Elite want to silence serious dissent before it starts. They are adept at fomenting hostility between opposing factions and using the resulting turmoil to shape the world the way they want. But they will go to great lengths to dampen any hostility that might be directed against themselves.

For decades there has existed a tiny minority who blamed a ‘hidden hand’ behind human affairs, but this small number remained fairly constant. It began to grow somewhat after 9/11 and the advent of the Internet. In order to keep them in line, the mainstream media began to target and discredit this disaffected group, calling them conspiracy theorists, ‘nut jobs’ and extremists. This kept the numbers down for several years, but they have begun to expand again.

We can’t say for sure what proportion of the population is now thinking in conspiratorial terms – but the Elite can! Through their ongoing monitoring of website usage, online traffic and social media, they can monitor with great precision the number and identity of Americans who believe their government has betrayed them and who would be prepared, given the right circumstances or trigger event, to rise against the Elite.

The number in this category would seem to have reached the point where the Elite can no longer afford to let it increase any further. The ‘Green Zones’ are proof of this.

A few years ago there were strong indications that severe Internet censorship was pending, but then it seemed to lose momentum. The Elite would appear to have decided that censorship alone would not be sufficient to crush the growing voice of dissent. It seemed easier, and less risky, to let the red-flag websites continue and even to distribute genuinely useful information. In this way the Elite could build a detailed dossier on the people they wanted to silence. All they required then was a custom-made pretext to move in and arrest them.



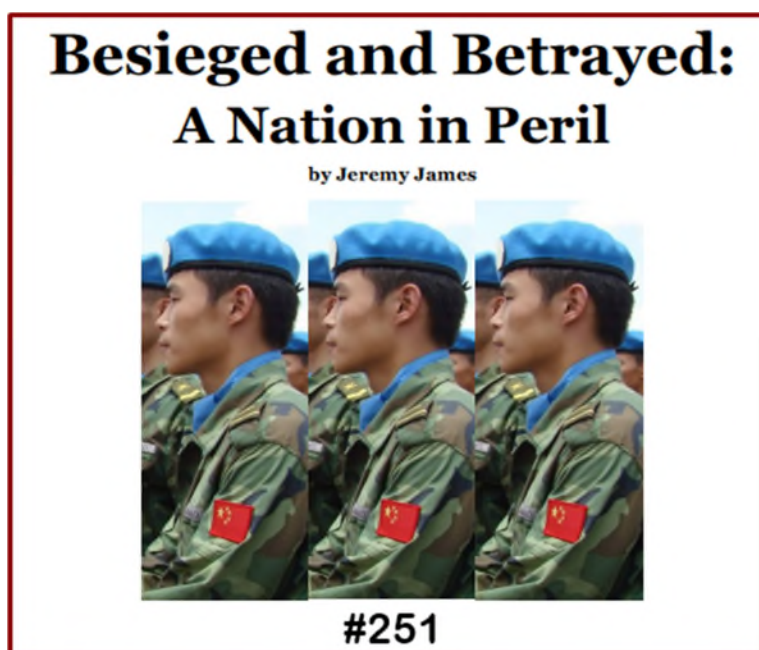
## **Green Zones will serve as low-profile prisons**

Green Zones will serve as low-profile prisons while dissidents are rounded up and later eliminated. As far as the general public is concerned, the individuals in question will have passed away from Covid. There will likely be many victims amongst this target group who are of no interest to the authorities but whose inclusion will disguise the real purpose of the round-up.

The planned financial collapse will probably take place at or around the same time, creating considerable social chaos and enabling the round-up to be conducted in the shadows, as it were. It may even be facilitated by temporary black-outs or power outages across selected regions, allowing troops to move about without attracting attention.

This is much too horrifying for the average person to comprehend. It will be much easier to deny what is happening or, where denial is too difficult, to blame countries such as China, Russia, North Korea, or Iran. Few will accuse the government, and those who do will be condemned for their unpatriotic attitude. After all, in many parts of America it was a brave person, in the wake of 9/11, who dared to suggest that the government was somehow involved.

What proportion of the population is likely to be rounded up? This is very hard to say. Probably less than half a percent, or one person in 200. That still comes to about 15 million American adults, a staggering figure.



In our paper #251, *Besieged and Betrayed – A Nation in Peril*, we discussed the steps being taken to impose a similar totalitarian system on the people of Ireland. In it we referred to the strong possibility that UN ‘peacekeeping’ troops – mainly Chinese soldiers – will be used to enforce the more unpleasant aspects of this program. This will likely be the pattern in other Western countries as, one by one, they fall beneath the wheels of the New World Order.

## **The role of the British banking system**

Virtually every war over the past two hundred years was planned and financed by the Anglo-American axis. It was not unusual for British banks to fund both sides of a conflict and to furnish the necessary weapons. They used the blood-soaked fields of Flanders to eliminate tens of thousands of young Christian men who might otherwise have advanced to positions of influence and opposed the New World Order. The Ruling Elite of Germany, Britain, France and other countries conspired together to conduct this ruthless purge, cynically 'compensating' the bereaved families with medals extolling the bravery and selflessness of their patriotic sons. Every year, on Remembrance Sunday, the British Elite gather at the Cenotaph in Whitehall to celebrate this ghastly deception, the scenes of gore and carnage which they themselves had engineered.



The same people planned and executed the Russian Revolution, installing a regime that was inflamed by blood-lust. A revolution of that magnitude requires a great deal of money, all of which came from banks in London and New York. The regime installed in China was no different. It too ran a campaign of terror and mass killing, overseen from afar by western banks and the Elite families who control them.

It matters little whether the totalitarian regime is Communist or Fascist. They both use the same brutal methods. Historically, the most successful has been Communist. Its lies are cleverly designed to make a naïve and oppressed people believe that a social and economic utopia is just around the corner. It appeals mostly to poorly educated, agrarian societies, which is why most of Africa and South America today are under Communist control.

The Elite cabal who created Communism as a tool to enslave the nations are now focusing all of their efforts on the destruction – or 'transformation' – of North America. To do so they must eliminate anyone who understands the methods they are using. Small in number, this feeble minority are the modern equivalent of the 'intelligentsia' who were much despised by Soviet and Chinese Communism, the few who know enough to expose the lies that the enemy was using to deceive the masses.

The Green Zones will be used to silence these people.

## Thinking the unthinkable

To those who are on the receiving end of this atrocity, it will seem unthinkable – “This could never happen here”. But we forget that perfectly civilized societies, in the European Christian tradition, have gone berserk within living memory. Consider Germany under the Nazis, or Spain during the convulsions and mass murder of its civil war, 1936-1939. Italy, under the spell of Mussolini, fought alongside the Nazis in the Second World War, while Croatia lapsed into a genocidal frenzy in the period 1941-1945. Just like America today, these countries were deceived and betrayed by their own leaders.



**The brutal Spanish civil war.**

As predicted in our previous papers, we are now witnessing the chaotic aftermath of the US Presidential election. Just as the Elite had planned, this not-so-subtle debacle is exposing American democracy to greater political instability than at any time since the Civil War.

## Planned polarization

The American public is being deliberately polarized into pro-Trump and anti-Trump factions, where rational debate between the two sides is no longer possible. The media is being used as a virulent and highly misleading source of propaganda to drive the two even further apart. All of this is by design.

The great tragedy is that the vast majority of professing Christians in America, the “conservatives”, believe Trump is a champion of traditional values and that, by siding with him, they are defending Christianity. Oh, if only that were so!

Alas, Trump is an imposter, an actor recruited by the Elite to deceive the Christians of America. Only a person who professes their faith in Christ and his work on Calvary could be considered a Christian. Trump does not. Others try to maintain that Trump is being used by God in the same way that God used Cyrus. Coins and medallions have been produced with the profiles of Cyrus and Trump shown side by side and equal in size. Trump is being compared to the gentile king whom the LORD described as His “shepherd” and “anointed”, the leader He had chosen to approve and finance the construction of the Second Temple:

**“That saith of Cyrus, He is my shepherd, and shall perform all my pleasure: even saying to Jerusalem, Thou shalt be built; and to the temple, Thy foundation shall be laid.” (Isaiah 44:28)**



**“Thus saith the LORD to his anointed, to Cyrus, whose right hand I have holden, to subdue nations before him; and I will loose the loins of kings, to open before him the two leaved gates; and the gates shall not be shut” (Isaiah 45:1)**

Especially significant in this respect is a half-shekel coin issued by The Temple Institute in Jerusalem in 2018 and sold on its website:



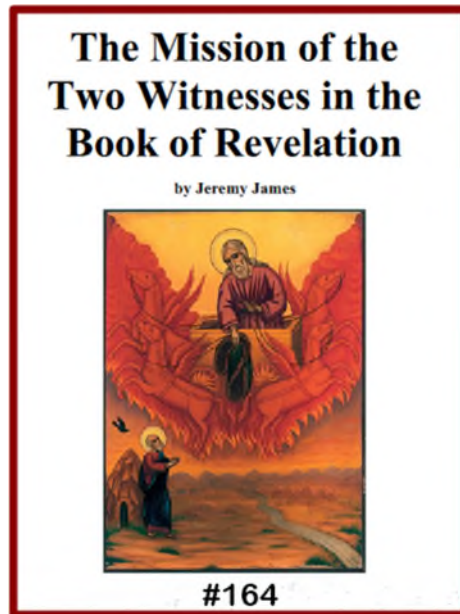
**Half shekel coin issued by The Temple Institute in 2018. It honors Donald Trump as a modern successor to King Cyrus. It also equates him with Arthur Balfour who, in 1917, sent a letter to the Rothschilds on behalf of the British government confirming its intention to create the state of Israel. [See our papers regarding the creation of the state of Israel (#13), replacement theology (#23), the holy city of Jerusalem (#137), 'Biblical Zionism and Its Enemies' (#138) 'Biblical Zionism or Christian Zionism?' (#196), and 'The Wrath of God and the Bride of Christ' (#199).]**

The world Masonic-Cabalistic conspiracy, which plans to build the Third Temple on the Temple Mount in Jerusalem, is promoting the notion that Trump is the person whom God has chosen to remove all political obstacles to this plan. They are implying that this is more than a work conceived and executed by man, but a momentous religious event approved by God Himself. Christians are therefore expected to be greatly excited by this plan, to view it as a fulfilment of Bible prophecy, and to support it in every way possible.

## **The Two Witnesses in the Book of Revelation**

As we explained in previous papers, in particular #164 (*"The Mission of the Two Witnesses in the Book of Revelation"*), the Temple will be a shrine to the false god of Freemasonry and Cabalistic Judaism. We would encourage readers to review that paper since, by describing the role of the two witnesses (as we understand it), we are addressing a crucial aspect of Bible prophecy which most commentators choose to ignore or simply gloss over.

Secular Zionists have expended considerable effort over the past 50 years convincing Evangelical Christians in America (and elsewhere) that, since Christ will return only when the Temple is built, they should do all within their power to hasten its construction. It never occurs to them that the driving force behind this fateful enterprise is the spirit of Antichrist.



Satan wants Jerusalem and plans to make it the capital city of the coming New World Order. He will then send his 'son' to take control of it and carry out the abomination of desolation in the Temple, just as Christ foretold.

The abomination can only be a truly vile and blasphemous act if the Temple has actually been consecrated to God. No-one imbued with or working for the antichrist spirit could consecrate the Temple. This necessitates the arrival of a true prophet of God who will consecrate the Temple and **"restore all things."** This figure is Elijah (**Matthew 17:11**).

Both Elijah and the second Witness will have exceptional supernatural powers, enabling them to take over the Temple and resist all attempts by Satan to regain it. Finally, after three and a half years of high tension, the Antichrist will arrive in Jerusalem and kill the two Witnesses. The Children of Wickedness, who have been waiting anxiously for this moment, will be so delighted that they will send presents to one another in celebration. They will even savor on their TV screens the sight of the murdered corpses lying in a street in Jerusalem, never realizing – though Biblical prophecy foretells this miracle – that the Two Witnesses will return to life after three and a half days and ascend to heaven in glory.

When he sees this, the Antichrist will become insanely angry. Rushing to the Temple he will declare that *he* is God incarnate and will commit the abomination that Daniel foretold. The next three and a half years will be unspeakably awful as Satan, via the Antichrist and the False Prophet, vents his anger upon the earth.



**President Trump receives a delegation of Chabad Lubavitch rabbis at the Oval Office on 27 March, 2018. This Jewish sect teaches that their "Rebbe", who passed away in 1994, is the coming Messiah. They also teach that all gentiles should be subject to the Noahide Laws. These laws demand the execution of a gentile who practices idolatry. This includes anyone who reveres Jesus of Nazareth as the Son of God. [See our papers #183 and #187.]**



## Trump is part of this plan

Trump is part of this plan. He is not a modern Cyrus or anything of the kind. Rather he serves the New World Order and the Luciferian Elite who are trying to impose it. He boasted about “draining the swamp” but allowed the reptiles to continue doing what they always did. Most of his own entourage have close ties to the same people.

While he has taken a few token steps to contest – or appear to contest – the globalist agenda, he has strongly augmented the elements that are central to the destruction of America. Chief among these is the speedy, federally funded implementation of the 5G network that will cover the United States.

The massive proliferation of 5G antennas in cities and towns will substantially increase the amount of harmful electromagnetic radiation to which Americans are exposed. If it falls into the wrong hands (and it will), such a network can be used as a silent weapon to cause widespread sickness, nausea and debility. The resulting spike in morbidity and mortality will be blamed on new ‘viruses’, for which new ‘vaccines’ will be developed.



**Operation Warped Mind, aka 'Operation Warp Speed', named after a TV series that made liberal use of bogus science and mocked God's creation.**

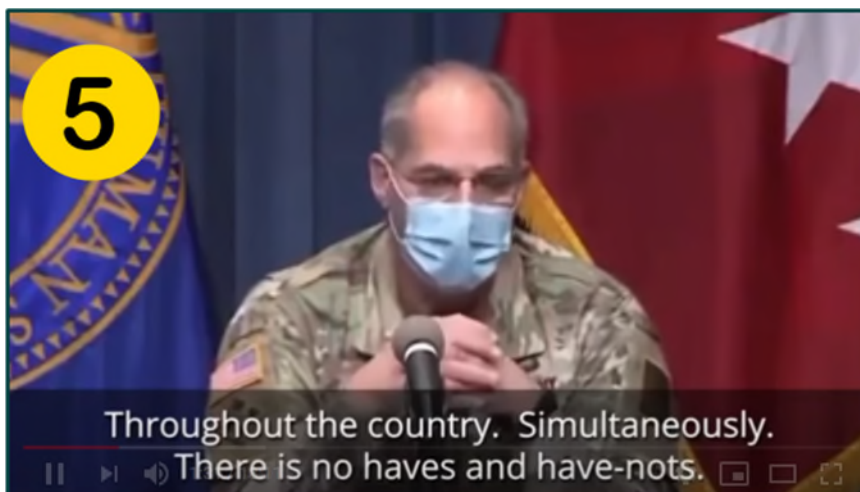
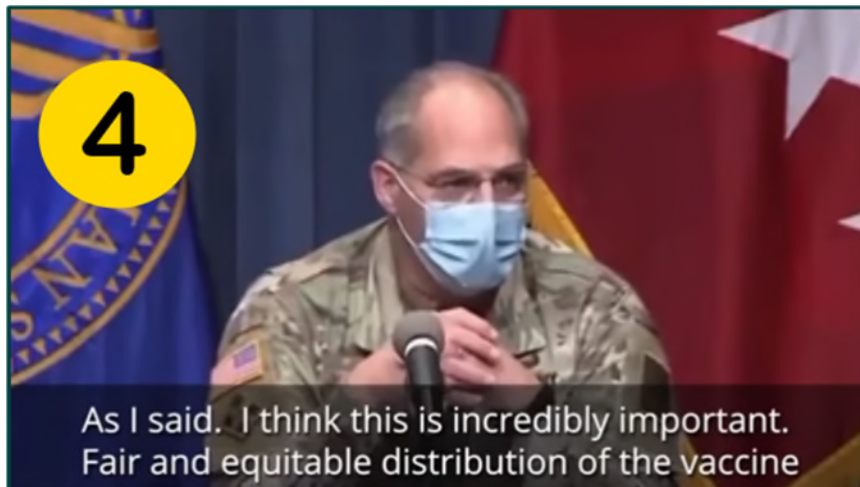
## Warp speed

His other crucial contribution – his strong endorsement of Operation Warp Speed – will see the American military deployed across the length and breadth of the United States, administering ‘vaccines’ to civilians. The military has NEVER been used for such a purpose at any time in world history. Trump boasts repeatedly that this super-fast exercise will be a great boon to the nation, as though the inoculation of 330 million people with an untested, genetically active substance was somehow a mark of good leadership. On the contrary, it is proof that the man is dangerous (just like Biden, his rival for the White House).

The “warp speed” aspect of this program is especially troubling. Clearly the authorities are planning, not only to develop and approve one or more vaccines with no prospect whatever of establishing whether they are safe, but to distribute and administer the end product at lightning speed.

Until now it has been difficult to ascertain just how quickly this will happen across the nation as a whole. However, just recently, General Perna, Chief Operating Officer for Operation Warp Speed, said the following:





These are not the words of a man who intends to get the job done gradually. Rather, he is saying they will get the vaccine to all parts of the country within 24 hours as soon as it is approved for emergency use. He is also saying that, on grounds of fairness and equity, everyone will receive the vaccine as soon as possible thereafter. There will be no delays and no let up anywhere. As he says, “we are driving hard to make sure this happens.”

All of this for a ‘virus’ which – if it exists at all – leaves 99.9 percent of the population entirely unaffected.

**“Even readers who have difficulty accepting the malice behind all of this should be able to see that what the government is planning is extremely dangerous, with disastrous consequences for America if anything goes wrong.”**

They are also planning to make life very difficult for anyone who refuses to take the vaccine. A great many liberties and activities will be forbidden to those who do not possess a “vaccine pass”. Most of these people, “the reluctant”, will be forced to remain in quarantine at home or, worse still, hauled off to one of the Green Zones (from which many will never return).

Even readers who have difficulty accepting the malice behind all of this should be able to see that what the government is planning – mass vaccination – is extremely dangerous, with disastrous consequences for America if anything goes wrong.

The pharmaceutical companies have continually argued that their ‘Covid’ vaccines, once they have passed through the approval process, will be perfectly safe, but their record to date should tell us that this claim is pure fiction. Furthermore, we now have evidence that medical professionals in the UK expect the vaccines to have serious side effects and are making plans accordingly.

EU members states are meant to put all public service contracts out to tender by advertising them in the *Official Journal of the EU*. Only under very exceptional circumstances is it possible for a government department/agency or local authority to award a contract without going through this process. If it does so it must still publish details of the contract after it has been awarded, along with an explanation as to why it did not go through the normal tendering process.

**“For, behold, the Lord will come with fire, and with his chariots like a whirlwind, to render his anger with fury, and his rebuke with flames of fire.”**

**- Isaiah 66:15**



The screenshot shows the TED tenders electronic daily website. The header includes the TED logo, navigation links (Site map, About TED, Help, Legal notice, Cookies, Contact), and a language selector set to English (en). A search bar is present with the text 'Search TED for public tenders'. Below the header, there are tabs for TED, TED SIMAP, TED eNotices, and TED eTendering. A sidebar on the left contains a 'Browse by' section with links to 'Contracts awarded by EU Institution' and 'RSS feeds'. The main content area displays a tender notice titled 'Supplies - 506291-2020' with a date of '23/10/2020' and a status of 'S207'. The notice is for 'United Kingdom-London: Software package and information systems'. A blue banner at the top of the main content area reads 'Check out our COVID-19 dedicated page for tenders related to medical equipment needs.'

Source: <https://ted.europa.eu/udl?uri=TED:NOTICE:506291-2020:TEXT:EN:HTML&src=0>

The contract shown above – 506291-2020 – was published on 23 October 2020 on the online TED database maintained by the EU. It relates to a computer system purchased by the Medicines & Healthcare Products Regulatory Agency (MHRA) in the UK. The MHRA describes the system as “an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction (ADRs) and ensure that no details from the ADRs’ reaction text are missed.” -

#### II.2.3) Place of performance

NUTS code: UK UNITED KINGDOM

#### II.2.4) Description of the procurement:

The MHRA urgently seeks an Artificial Intelligence (AI) software tool to process the expected high volume of Covid-19 vaccine Adverse Drug Reaction (ADRs) and ensure that no details from the ADRs’ reaction text are missed.

#### II.2.5) Award criteria

Price

**“Many shall be purified, and made white, and tried; but the wicked shall do wickedly: and none of the wicked shall understand; but the wise shall understand.”**

**- Daniel 12:10**

In its explanation of the need for “extreme urgency” [see excerpt below] and thus its circumvention of standard procedures, the MHRA implies that its existing systems could not cope with the volume of ADR data that the Covid-19 vaccines are expected to generate. A powerful AI tool will be needed for this purpose. Presumably, when they went to the market, the MHRA already knew which company would be able to supply the product they needed. This would suggest that the company concerned already had advance notice that a sophisticated AI database of this kind would be required. (For anyone who is familiar with the field of software development, the prospect of designing and building a system of this complexity and scale in just a few months, and being able to guarantee that it will meet all operational requirements, is very slim indeed.)

#### Section IV: Procedure

##### **IV.1) Description**

##### **IV.1.1) Type of procedure**

Award of a contract without prior publication of a call for competition in the Official Journal of the European Union in the cases listed below

- The procurement falls outside the scope of application of the directive

Explanation:

For reasons of extreme urgency under Regulation 32(2)(c) related to the release of a Covid-19 vaccine MHRA have accelerated the sourcing and implementation of a vaccine specific AI tool.

Strictly necessary — it is not possible to retrofit the MHRA’s legacy systems to handle the volume of ADRs that will be generated by a Covid-19 vaccine. Therefore, if the MHRA does not implement the AI tool, it will be unable to process these ADRs effectively. This will hinder its ability to rapidly identify any potential safety issues with the Covid-19 vaccine and represents a direct threat to patient life and public health.

Reasons of extreme urgency — the MHRA recognises that its planned procurement process for the SafetyConnect programme, including the AI tool, would not have concluded by vaccine launch. Leading to a inability to effectively monitor adverse reactions to a Covid-19 vaccine.

Events unforeseeable — the Covid-19 crisis is novel and developments in the search of a Covid-19 vaccine have not followed any predictable pattern so far.

We ought to be greatly concerned that the MHRA put the Covid-19 vaccine in the “events unforeseeable” category and further stated that the development of a vaccine has “not followed any predictable pattern so far.”

So, on the one hand, the pharmaceutical industry is insisting that the vaccine or vaccines will be completely safe, with no harmful side effects, and on the other hand the medical professionals are preparing for a torrent of ADRs so large that only an AI-based system will be able to process the data.

Please bear in mind, as you consider this disturbing revelation, that the MHRA should only be expecting the volume and range of ADRs that would normally be associated with a standard pharmaceutical product. However, given the urgency and stated purpose of this contract, it would appear that the MHRA is preparing for something far worse.

## CONCLUSION

The Marxists have long boasted that one day they would bring down the United States. They have also boasted that they would do so, not by direct invasion or by military force alone, but by gradually undermining their target from within. Only then would they strike. They have been using high-level infiltration and deception to carry out this long-term plan, financed and overseen from the start by the international banking Elite.

The Marxists also know that, in large-scale warfare, the side which strikes first, especially without warning, enjoys a huge military advantage. The mass inoculation of the American people, to be carried out over a period of weeks, may well be a “first strike”.

Whether the vaccines induce immediate debility or whether their toxic component could be activated at a later date, for example by 5G frequencies, is not the issue here. The fundamental point is that an entire nation is inviting persons unknown to inject into their bodies a substance which they know next to nothing about.

By any definition of the word “experiment”, this mass vaccination program, using an untested set of vaccines, is an experiment – and a very dangerous one. We already know the vaccines will contain a substance that will alter our RNA, if not our DNA, with unknown and unpredictable consequences. It will also provide an ideal and undetectable means of inserting one or more nanoparticles or nano-devices into our bodies. Please, tell me, how can a great military nation willingly run a risk of this magnitude? It is utterly insane.

As it happens, two of the proposed Covid vaccines are produced by totalitarian Russia and Communist China! What could possibly go wrong?

It is hard to believe that American parents are going to volunteer their children for this high risk, grossly irresponsible experiment.

It is ironic that those who shun the ‘virus’ because they are afraid of dying before their time are about to embark on a course that will magnify substantially, not just the risk of premature death, but also the risk of a deadly “first strike” and subsequent invasion by the enemies of the United States.

**“Beloved, think it not strange concerning the fiery trial which is to try you, as though some strange thing happened unto you: But rejoice, inasmuch as ye are partakers of Christ's sufferings; that, when his glory shall be revealed, ye may be glad also with exceeding joy.”**

**- 1 Peter 4:12-13**

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**Jeremy James**  
**Ireland**  
**November 24, 2020**

**- SPECIAL REQUEST -**

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2019 may also be downloaded in a single file, or possibly two, from [www.archive.org](http://www.archive.org) (Use search term 'Jeremy James').

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- [jeremypauljames@gmail.com](mailto:jeremypauljames@gmail.com).

For further information visit [www.zephaniah.eu](http://www.zephaniah.eu)

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## APPENDIX A

### CDC ‘Green Zone’ document of 26 July 2020

<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html>

*[Start of CDC document]*

#### **Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings**

Updated July 26, 2020

This document presents considerations from the perspective of the U.S. Centers for Disease Control & Prevention (CDC) for implementing the shielding approach in humanitarian settings as outlined in guidance documents focused on camps, displaced populations and low-resource settings.<sup>1,2</sup> This approach has never been documented and has raised questions and concerns among humanitarian partners who support response activities in these settings. The purpose of this document is to highlight potential implementation challenges of the shielding approach from CDC’s perspective and guide thinking around implementation in the absence of empirical data. Considerations are based on current evidence known about the transmission and severity of coronavirus disease 2019 (COVID-19) and may need to be revised as more information becomes available. Please check the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html) periodically for updates.

#### **What is the Shielding Approach<sup>1</sup>?**

The shielding approach aims to reduce the number of severe COVID-19 cases by limiting contact between individuals at higher risk of developing severe disease (“high-risk”) and the general population (“low-risk”). High-risk individuals would be temporarily relocated to safe or “green zones” established at the household, neighborhood, camp/sector or community level depending on the context and setting.<sup>1,2</sup> They would have minimal contact with family members and other low-risk residents.

Current evidence indicates that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.<sup>3</sup> In most humanitarian settings, older population groups make up a small percentage of the total population.<sup>4,5</sup> For this reason, the shielding approach suggests physically separating high-risk individuals from the general population to prioritize the use of the limited available resources and avoid implementing long-term containment measures among the general population.

In theory, shielding may serve its objective to protect high-risk populations from disease and death. However, implementation of the approach necessitates strict adherence<sup>1,6,7</sup> to protocol. Inadvertent introduction of the virus into a green zone may result in rapid transmission among the most vulnerable populations the approach is trying to protect.

A summary of the shielding approach described by Favas is shown in Table 1. See *Guidance for the prevention of COVID-19 infections among high-risk individuals in low-resource, displaced and camp and camp-like settings* [1,2](#) for full details.

**Table 1: Summary of the Shielding Approach<sup>1</sup>**

## **Level**

### **Movement/ Interactions**

#### **Household (HH) Level:**

A specific room/area designated for high-risk individuals who are physically isolated from other HH members.

Low-risk HH members should not enter the green zone. If entry is necessary, it should be done only by healthy individuals after washing hands and using face coverings. Interactions should be at a safe distance (approx. 2 meters). Minimum movement of high-risk individuals outside the green zone. Low-risk HH members continue to follow social distancing and hygiene practices outside the house.

#### **Neighborhood Level:**

A designated shelter/group of shelters (max 5-10 households), within a small camp or area where high-risk members are grouped together. Neighbors “swap” households to accommodate high-risk individuals.

Same as above

#### **Camp/Sector Level:**

A group of shelters such as schools, community buildings within a camp/sector (max 50 high-risk individuals per single green zone) where high-risk individuals are physically isolated together.

One entry point is used for exchange of food, supplies, etc. A meeting area is used for residents and visitors to interact while practicing physical distancing (2 meters). No movement into or outside the green zone.

## **Operational Considerations**

The shielding approach requires several prerequisites for effective implementation. Several are addressed, including access to healthcare and provision of food. However, there are several prerequisites which require additional considerations. Table 2 presents the prerequisites or suggestions as stated in the shielding guidance document (column 1) and CDC presents additional questions and considerations alongside these prerequisites (column 2).

**Table 2: Suggested Prerequisites per the shielding documents and CDC’s Operational Considerations for Implementation**

### **Suggested Prerequisites**

**\*As stated in the shielding document\***

## Considerations as suggested by CDC

- o Each green zone has a dedicated latrine/bathing facility for high-risk individuals.
- o The shielding approach advises against any new facility construction to establish green zones; however, few settings will have existing shelters or communal facilities with designated latrines/bathing facilities to accommodate high-risk individuals. In these settings, most latrines used by HHs are located outside the home and often shared by multiple HHs.
- o If dedicated facilities are available, ensure safety measures such as proper lighting, handwashing/hygiene infrastructure, maintenance and disinfection of latrines.
- o Ensure facilities can accommodate high-risk individuals with disabilities, children and separate genders at the neighborhood/camp-level.
- o To minimize external contact, each green zone should include able-bodied high-risk individuals capable of caring for residents who have disabilities or are less mobile. Otherwise, designate low-risk individuals for these tasks, preferably who have recovered from confirmed COVID-19 and are assumed to be immune.
- o This may be difficult to sustain, especially if the caregivers are also high risk. As caregivers may often will be family members, ensure that this strategy is socially or culturally acceptable.
- o Currently, we do not know if prior infection confers immunity.
- o The green zone and living areas for high-risk residents should be aligned with minimum humanitarian (SPHERE) standards.<sup>6</sup>
- o The shielding approach requires strict adherence to infection, prevention and control (IPC) measures. They require, uninterrupted availability of soap, water, hygiene/cleaning supplies, masks or cloth face coverings, etc. for all individuals in green zones. Thus, it is necessary to ensure minimum public health standards<sup>6</sup> are maintained and possibly supplemented to decrease the risk of other outbreaks outside of COVID-19. Attaining and maintaining minimum SPHERE<sup>6</sup> standards is difficult in these settings for the general population.<sup>8,9,10</sup> Users should consider that provision of services and supplies to high risk individuals could be at the expense of low-risk residents, putting them at increased risk for other outbreaks.
- o Monitor and evaluate the implementation of the shielding approach.
- o Monitoring protocols will need to be developed for each type of green zone.
- o Dedicated staff need to be identified to monitor each green zone. Monitoring includes both adherence to protocols and potential adverse effects or outcomes due to isolation and stigma. It may be necessary to assign someone within the green zone, if feasible, to minimize movement in/out of green zones.
- o Men and women, and individuals with tuberculosis (TB), severe immunodeficiencies, or dementia should be isolated separately.

- o Multiple green zones would be needed to achieve this level of separation, each requiring additional inputs/resources. Further considerations include challenges of accommodating different ethnicities, socio-cultural groups, or religions within one setting.
- o Community acceptance and involvement in the design and implementation.
- o Even with community involvement, there may be a risk of stigmatization.<sup>11,12</sup> Isolation/separation from family members, loss of freedom and personal interactions may require additional psychosocial support structures/systems. See section on additional considerations below.
- o High-risk minors should be accompanied into isolation by a single caregiver who will also be considered a green zone resident in terms of movements and contacts with those outside the green zone.
- o Protection measures are critical to implementation. Ensure there is appropriate, adequate, and acceptable care of other minors or individuals with disabilities or mental health conditions who remain in the HH if separated from their primary caregiver.
- o Green zone shelters should always be kept clean. Residents should be provided with the necessary cleaning products and materials to clean their living spaces.
- o High-risk individuals will be responsible for cleaning and maintaining their own living space and facilities. This may not be feasible for persons with disabilities or decreased mobility.<sup>11</sup> Maintaining hygiene conditions in communal facilities is difficult during non-outbreak settings.<sup>7,8,9</sup> consequently it may be necessary to provide additional human resource support.
- o Green zones should be more spacious in terms of shelter area per capita than the surrounding camp/sector, even at the cost of greater crowding of low-risk people.
- o Ensure that targeting high-risk individuals does not negate mitigation measures among low-risk individuals (physical distancing in markets or water points, where feasible, etc.). Differences in space based on risk status may increase the potential risk of exposure among the rest of the low-risk residents and may be unacceptable or impracticable, considering space limitations and overcrowding in many settings.

## **Additional Considerations**

The shielding approach outlines the general “logistics” of implementation –who, what, where, how. However, there may be additional logistical challenges to implementing these strategies as a result of unavailable commodities, transport restrictions, limited staff capacity and availability to meet the increased needs. The approach does not address the potential emotional, social/cultural, psychological impact for separated individuals nor for the households with separated members. Additional considerations to address these challenges are presented below.

### ***Population characteristics and demographics***

**Consideration:** The number of green zones required may be greater than anticipated, as they are based on the total number of high-risk individuals, disease categories, and the socio-demographics of the area and not just the proportion of elderly population.



Explanation: Older adults represent a small percentage of the population in many camps in humanitarian settings (approximately 3-5%<sup>4,5</sup>), however in some humanitarian settings more than one quarter of the population may fall under high risk categories<sup>13,14,15</sup> based on underlying medical conditions which may increase a person's risk for severe COVID-19 illness which include chronic kidney disease, obesity, serious heart conditions, sickle cell disease, and type 2 diabetes. Additionally, many camps and settlements host multiple nationalities which may require additional separation, for example, Kakuma Refugee Camp in Kenya accommodates refugees from 19 countries.<sup>16</sup>

### ***Timeline considerations***

Consideration: Plan for an extended duration of implementation time, at least 6 months.

Explanation: The shielding approach proposes that green zones be maintained until one of the following circumstances arises: (i) sufficient hospitalization capacity is established; (ii) effective vaccine or therapeutic options become widely available; or (iii) the COVID-19 epidemic affecting the population subsides.

Given the limited resources and healthcare available to populations in humanitarian settings prior to the pandemic, it is unlikely sufficient hospitalization capacity (beds, personal protective equipment, ventilators, and staff) will be achievable during widespread transmission. The national capacity in many of the countries where these settings are located (e.g., Chad, Myanmar, and Syria) is limited. Resources may become quickly overwhelmed during the peak of transmission and may not be accessible to the emergency affected populations.

Vaccine trials are underway, but with no definite timeline. Reaching the suppression phase where the epidemic subsides can take several months and cases may resurge in a second or even third wave. Herd immunity (the depletion of susceptible people) for COVID-19 has not been demonstrated to date. It is also unclear if an infected person develops immunity and the duration of potential immunity is unknown. Thus, contingency plans to account for a possibly extended operational timeline are critical.

### **Other logistical considerations**

Consideration: Plan to identify additional resources and outline supply chain mechanisms to support green zones.

Explanation: The implementation and operation of green zones requires strong coordination among several sectors which may require substantial additional resources: supplies and staff to maintain these spaces – shelters, IPC, water, sanitation, and hygiene (WASH), non-food items (NFIs) (beds, linens, dishes/utensils, water containers), psychosocial support, monitors/supervisors, caretakers/attendants, risk communication and community engagement, security, etc. Considering global reductions in commodity shortages,<sup>17</sup> movement restrictions, border closures, and decreased trucking and flights, it is important to outline what additional resources will be needed and how they will be procured.

## ***Protection***

Consideration: Ensure safe and protective environments for all individuals, including minors and individuals who require additional care whether they are in the green zone or remain in a household after the primary caregiver or income provider has moved to the green zone.

Explanation: Separating families and disrupting and deconstructing multigenerational households may have long-term negative consequences. Shielding strategies need to consider sociocultural gender norms in order to adequately assess and address risks to individuals, particularly women and girls. [18,19,20](#) Restrictive gender norms may be exacerbated by isolation strategies such as shielding. At the household level, isolating individuals and limiting their interaction, compounded with social and economic disruption has raised concerns of potential increased risk of partner violence. Households participating in house swaps or sector-wide cohorting are at particular risk for gender-based violence, harassment, abuse, and exploitation as remaining household members may not be decision-makers or responsible for households needs. [18,19,20](#)

## ***Social/Cultural/Religious Practices***

Consideration: Plan for potential disruption of social networks.

Explanation: Community celebrations (religious holidays), bereavement (funerals) and other rites of passage are cornerstones of many societies. Proactive planning ahead of time, including strong community engagement and risk communication is needed to better understand the issues and concerns of restricting individuals from participating in communal practices because they are being shielded. Failure to do so could lead to both interpersonal and communal violence. [21,22](#)

## ***Mental Health***

Consideration: Ensure mental health and psychosocial support [\\*23](#) structures are in place to address increased stress and anxiety.

Explanation: Additional stress and worry are common during any epidemic and may be more pronounced with COVID-19 due to the novelty of the disease and increased fear of infection, increased childcare responsibilities due to school closures, and loss of livelihoods. Thus, in addition to the risk of stigmatization and feeling of isolation, this shielding approach may have an important psychological impact and may lead to significant emotional distress, exacerbate existing mental illness or contribute to anxiety, depression, helplessness, grief, substance abuse, or thoughts of suicide among those who are separated or have been left behind. Shielded individuals with concurrent severe mental health conditions should not be left alone. There must be a caregiver allocated to them to prevent further protection risks such as neglect and abuse.

## Summary

The shielding approach is an ambitious undertaking, which may prove effective in preventing COVID-19 infection among high-risk populations if well managed. While the premise is based on mitigation strategies used in the United Kingdom,<sup>[24,25](#)</sup> there is no empirical evidence whether this approach will increase, decrease or have no effect on morbidity and mortality during the COVID-19 epidemic in various humanitarian settings. This document highlights a) risks and challenges of implementing this approach, b) need for additional resources in areas with limited or reduced capacity, c) indefinite timeline, and d) possible short-term and long-term adverse consequences.

Public health not only focuses on the eradication of disease but addresses the entire spectrum of health and wellbeing. Populations displaced, due to natural disasters or war and, conflict are already fragile and have experienced increased mental, physical and/or emotional trauma. While the shielding approach is not meant to be coercive, it may appear forced or be misunderstood in humanitarian settings. As with many community interventions meant to decrease COVID-19 morbidity and mortality, compliance and behavior change are the primary rate-limiting steps and may be driven by social and emotional factors. These changes are difficult in developed, stable settings; thus, they may be particularly challenging in humanitarian settings which bring their own set of multi-faceted challenges that need to be taken into account.

Household-level shielding seems to be the most feasible and dignified as it allows for the least disruption to family structure and lifestyle, critical components to maintaining compliance. However, it is most susceptible to the introduction of a virus due to necessary movement or interaction outside the green zone, less oversight, and often large household sizes. It may be less feasible in settings where family shelters are small and do not have multiple compartments. In humanitarian settings, small village, sector/block, or camp-level shielding may allow for greater adherence to proposed protocol, but at the expense of longer-term social impacts triggered by separation from friends and family, feelings of isolation, and stigmatization. Most importantly, accidental introduction of the virus into a green zone may result in rapid transmission and increased morbidity and mortality as observed in assisted care facilities in the US.<sup>[26](#)</sup>

The shielding approach is intended to alleviate stress on the healthcare system and circumvent the negative economic consequences of long-term containment measures and lockdowns by protecting the most vulnerable.<sup>[1,24,25](#)</sup> Implementation of this approach will involve careful planning, additional resources, strict adherence and strong multi-sector coordination, requiring agencies to consider the potential repercussion among populations that have collectively experienced physical and psychological trauma which makes them more vulnerable to adverse psychosocial consequences. In addition, thoughtful consideration of the potential benefit versus the social and financial cost of implementation will be needed in humanitarian settings.

\*Specific psychosocial support guidance during COVID-19 as specific subject areas are beyond the scope of this document.

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***[End of CDC document]***



## APPENDIX B

- Excerpt from our paper #252 -

### **An examination of the ‘Green Zone’ provisions of the CDC document**

The public is largely unaware of the policies already in place which make it perfectly plain that large numbers of Americans – men, women and children – will be locked away in quarantine centers for six months or more. These are not policies designed to cater for some future, hypothetical situation, possibly confined to a few small regions, but a nationwide program that is set to be implemented in 2021.

If you doubt this, please go to the CDC website and read the document called **Interim Operational Considerations for Implementing the Shielding Approach to Prevent COVID-19 Infections in Humanitarian Settings** (dated 26 July 2020). Here’s the link: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/shielding-approach-humanitarian.html>

We will look at a few direct quotations from the document to show what the US government is planning to do to tens of thousands – if not millions – of loyal, patriotic Americans. We examine the quotations in the same sequence as they occur in the document.

“This approach has never been documented and has raised questions and concerns among humanitarian partners who support response activities in these settings.”

At the very outset they admit that what they are planning to do has “raised questions and concerns” among experienced professionals in the field of humanitarian relief. Why? Because it is illegal.

“The shielding approach aims to reduce the number of severe COVID-19 cases by limiting contact between individuals at higher risk of developing severe disease (“high-risk”) and the general population (“low-risk”). High-risk individuals would be temporarily relocated to safe or “green zones” established at the household, neighborhood, camp/sector or community level depending on the context and setting. They would have minimal contact with family members and other low-risk residents.”

The shielding approach involves isolation at household or neighborhood level, but also at camps appointed for this purpose. These camps are misleadingly called “green zones” as though they were fun places to be. Actually, as we shall see in a moment, they will be ugly and distressing places, like existing refugee camps in Africa and Asia.

Who will end up in these camps? Anyone deemed “high-risk” by the government. This means the government alone, using tests and criteria of its own devising, will decide who gets hauled away for six months. Entire families could disappear.

“the shielding approach suggests physically separating high-risk individuals from the general population”

The shielding approach does not simply “suggest” physical separation from the general population, but actively requires it! And it will be rigorously enforced. The phrase “strict adherence” is used three times in the document.

“A group of shelters such as schools, community buildings within a camp/sector (max 50 high-risk individuals per single green zone) where high-risk individuals are physically isolated together.”

Since each camp will hold no more than 50 internees, there will be no need to build dedicated isolation facilities. Existing schools and community buildings will serve just as well. As we noted in a previous paper, schools across America are already designed to meet high security standards, with tall wire fences, reinforced windows and doors, and restricted access.

Why will internees be sorted into groups of 50? Well, we know that the Enemy likes to mock the Word of God, so possibly this division of the “flock” is a blasphemous parody of **Luke 9:13-14** – **“But he said unto them, Give ye them to eat. And they said, We have no more but five loaves and two fishes; except we should go and buy meat for all this people. For they were about five thousand men. And he said to his disciples, Make them sit down by fifties in a company.”**

The more one explores the pattern of factual material relating to this highly organized Communist takeover of America, the harder it is to deny that the forces behind it are truly evil.

“One entry point is used for exchange of food, supplies, etc. A meeting area is used for residents and visitors to interact while practicing physical distancing (2 meters). No movement into or outside the green zone.”

And there it is again – “one entry point.”

The document refers only once to “visitors” – because there won’t be any. The last sentence makes this fairly obvious: “No movement into or outside the green zone.”

“The shielding approach advises against any new facility construction to establish green zones”

The shielding approach is intended to be low key. New facilities would attract too much public attention. Where “green zones” are operational they will almost certainly display no outer sign of their purpose. The local community may not know that the nicely painted building off the main road is holding 50 people against their will, and that there are several others just like it within a five mile radius.

“Currently, we do not know if prior infection confers immunity.”

This statement is evidence that the “green zones” are internment camps in the true sense. The captors alone decide who leaves and who stays. No-one can get well because no-one is ill. Once the state decides you are “high-risk” – such as a Bible-believing Christian or an outspoken critic of the ruling regime – then you are fair game.

“Dedicated staff need to be identified to monitor each green zone. Monitoring includes both adherence to protocols and potential adverse effects or outcomes due to isolation and stigma. It may be necessary to assign someone within the green zone, if feasible, to minimize movement in/out of green zones.”

The coy wording of this provision conceals an iron fist beneath the velvet glove. For “dedicated staff” read armed guards. These will “minimize movement” in and out of the “green zones” – You can be sure.

“Additionally, many camps and settlements host multiple nationalities which may require additional separation, for example, Kakuma Refugee Camp in Kenya accommodates refugees from 19 countries.”

“Plan for an extended duration of implementation time, at least 6 months.”

“The national capacity in many of the countries where these settings are located (e.g., Chad, Myanmar, and Syria) is limited.”

Could it be stated any more plainly? These “green zones” are refugee camps for Americans who will be arbitrarily selected and locked away for at least six months by their own government.

“Herd immunity (the depletion of susceptible people) for COVID-19 has not been demonstrated to date. It is also unclear if an infected person develops immunity and the duration of potential immunity is unknown. Thus, contingency plans to account for a possibly extended operational timeline are critical.”

This provision underlines the fact that no-one will be able to leave. It also suggests – meaning it will definitely happen – that the expected minimum stay of six months will be greatly extended.

“...this shielding approach may have an important psychological impact and may lead to significant emotional distress, exacerbate existing mental illness or contribute to anxiety, depression, helplessness, grief, substance abuse, or thoughts of suicide among those who are separated or have been left behind.”

“...there is no empirical evidence whether this approach will increase, decrease or have no effect on morbidity and mortality during the COVID-19 epidemic in various humanitarian settings.”

The document seems to exult in the suffering that these policies will inflict. It’s as though the authors could not resist the opportunity to mock their intended victims. The mockery continues in the second excerpt above where the CDC actually admits they have no “empirical evidence” that this radical “shielding” approach will make any difference whatever!

The next two quotations move beyond mockery into deliberate taunting:

“While the shielding approach is not meant to be coercive, it may appear forced or be misunderstood in humanitarian settings.”

“Most importantly, accidental introduction of the virus into a green zone may result in rapid transmission and increased morbidity and mortality as observed in assisted care facilities in the US.”

This must have been written with a venomous sneer. The shielding approach is *blatantly coercive*. It will not be misunderstood. Everyone who is subjected to this tyranny will know exactly what they are being made to endure. They will know also that it has nothing whatever to do with their well-being.

The second quotation above is chilling. Whenever a document like this uses words like “accidental” we should take it as a veiled reference to something that will definitely happen at some point. These camps will be used to eliminate ‘undesirables’, namely those whom the Communist controllers see as a potential threat to their authority. The list is long. The victims, of course, will die from a sudden outbreak of ‘Covid’ in this supposed place of ‘safety’.